
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Jaquel Jerai Pitts

Case Number:

1:22-cv-00871 Flores v. The National Foo

CV 00

(List the full name(s) of the plaintiff(s)/petitioner(s).)

-against-

MOTION FOR LEAVE TO

**PROCEED IN FORMA
PAUPERIS ON APPEAL**

Elefterakis Elefterakis Arizona Cardinals NFL
Paul Weiss Houston Texans
Wigdor LLP New York Football Giants Inc.
~~The Tennessee Titans~~

(List the full name(s) of the defendant(s)/respondent(s).)

I move under Federal Rule of Appellate Procedure 24(a)(1) for leave to proceed *in*

forma pauperis on appeal. This motion is supported by the attached affidavit.

7/21/2023

Dated

Jaquel Pitts

Signature

Dr. Jaquel Pitts, Ph.D.

Name (Last, First, MI)

1439 N. Highland Ave #216 Los Angeles, CA, 90028

Address

City

State

Zip Code

3108674233

Telephone Number

pittsjaquel@yahoo.com

E-mail Address (if available)

Application to Appeal In Forma Pauperis

Jaquel Pitts

v. Elefterakis Elefterakis
~~Paul Weiss~~
 Wigdor LLP

Appeal No. Case Number:

1:22-cv-00871 Flores v. The National Foot

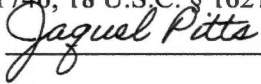
District Court or Agency No. docket number is 23-1027

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that,

 because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed:



Instructions

Complete all questions in this application and then

sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 7/21/2023

My issues on appeal are: (required):

I am a PROPOSED INTERVENOR/PLANTIFF in this case. I believe I am eligible as a plaintiff in this case but the attorneys for Brian Flores has refused to add me as a plaintiff in this case. Therefore I am appealing this and requesting to be added to this case as a plaintiff/proposed intervenor. I applied for several NFL coaching jobs from 2015-2022 and I was not hired due to my race, color, national origin, retaliation, and participation in protected activities. I have no income and I can not afford the appeal fees.

1. *For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.*

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ N/A	\$	\$ N/A	\$
Self-employment	\$ N/A	\$	\$ N/A	\$
Income from real property (such as rental income)	\$ N/A	\$	\$ N/A	\$

Interest and dividends	\$ N/A	\$	\$	\$
Gifts	\$ N/A	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$ 0	\$ 0	\$ 0	\$ 0

2. *List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)*

Employer	Address	Dates of employment	Gross monthly pay
N/A	N/A	N/A	\$ N/A
			\$
			\$

3. *List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)*

Employer	Address	Dates of employment	Gross monthly pay
N/A			\$
			\$
			\$

4. How much cash do you and your spouse have? \$0

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
		\$	\$
		\$	\$
		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	Other real estate	Motor vehicle #1
(Value) \$	(Value) \$	(Value) \$ N/A
N/A	N/A	Make and year:
		Model:
		Registration #:

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$	(Value) \$
Make and year:	N/A	
Model:		
Registration #:		

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
N/A	\$	\$
	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name [or, if a minor (i.e., underage), initials only]	Relationship	Age
N/A		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ Unknown	\$
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ Unknown	\$
Home maintenance (repairs and upkeep)	\$ Unknown	\$
Food	\$ Unknown	\$
Clothing	\$ Unknown	\$
Laundry and dry-cleaning	\$ Unknown	\$
Medical and dental expenses	\$ Unknown	\$

Transportation (not including motor vehicle payments)	\$ Unknown	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ Unknown	\$
Insurance (not deducted from wages or included in mortgage payments) N/A		
Homeowner's or renter's:	\$ N/A	\$
Life:	\$ N/A	\$
Health:	\$ N/A	\$
Motor vehicle:	\$ N/A	\$
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ Unknown	\$
Installment payments		
Motor Vehicle:	\$ N/A	\$
Credit card (name):	\$	\$
Department store (name):	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify):	\$	\$
Total monthly expenses:	\$ 0	\$ 0

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? ☐ Yes ☒ No

If yes, how much? \$ _____

11. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal.*

I am a former ward of the court (former foster youth) from the state of California. In the past two years I have been homeless. I am indigent. I have no income. Therefore I am unable to pay the docket fees for my appeal.

12. *Identify the city and state of your legal residence.*

City San Diego State CA

Your daytime phone number: 408-449-7364

Your age: 29 Your years of schooling: Unknown

Last four digits of your social-security number: Unknown

Jaquel Pitts
7/24/2023

Jaquel Pitts

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